

Chief Complaint Questionnaire

Name: _____ Pt #: _____ Date: _____

I am here for wellness or performance-enhancing care and have no health complaints.

Chief complaint/reason for visit: (if you have multiple reasons for coming in, describe the most primary)

Date of injury or date when symptoms began: _____

My symptoms came on: gradually suddenly mixed onset (some gradual, some sudden)

Please check one: This is the first time I have experienced these symptoms.

I have experienced these symptoms before.

I have already seen the following healthcare professionals in regard to this complaint:

Provider Name

Specialty

| 1. | |
|----|--|
| 2. | |
| 3. | |

The results gotten from previous care may be summarized as follows: _____

Identify where in your body you experience symptoms by **marking the figures below** with the appropriate symptom codes from the key provided:

KEY:

- P=pain
- N=numb
- T=tingling
- W=weakness
- C=coldness
- TT=tight/taut muscles
- S=stiffness
- I=inflammation



